

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569530

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9	1		1			
10		1				
11		2				
12		2				
13		2				
14		1				
15		1				
16		1				
17	1		1			
18		1				
19		2				
20		2				
21		2				
22		2				
23		1				
24		1				
25		1				
26		1				
27		1				
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46						
47						
48						
49						
50						
TOTAL IND.		3				
TOTAL DEP.		24				
TOTAL CLAIMS		27				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						